

SAMPLE ONLY


We have received a Report of Industrial Injury or Occupational Disease for the employee named below.

- If you have received the Employer's Portion of the Report of Industrial Injury or Occupational Disease (Accident Report) from the medical provider, please complete and send it to:

**Department of Labor and Industries
PO Box 44299
Olympia WA 98504-4299**

- If you have not received the Employer's Portion, call the local office of the Department of Labor and Industries or (360) 902-4817 or 1-800-LISTENS in Olympia and one will be mailed to you.
- IF YOU HAVE ALREADY SENT IN THE EMPLOYER'S PORTION, NO FURTHER ACTION IS NECESSARY.
- If this person was not your employee on the date of injury, please notify our Employer Services, PO Box 44144, Olympia WA 98504-4144, with a written statement.

Review the risk classification and determine if your firm reports this employee's hours in the class indicated below. Notify our Employer Services Section at (360) 902-4817 of any discrepancies.

DEPARTMENT OF LABOR AND INDUSTRIES	
	PO Box 44144 Olympia WA 98504-4144
FIRST CLASS MAIL U.S. POSTAGE PAID OLYMPIA WA PERMIT #312	
NOTICE OF CLAIM ARRIVAL	
<small>THIS NOTICE DOES NOT NECESSARILY MEAN THAT THE CLAIM IS APPROVED</small>	
EMPLOYEE'S NAME	
CLAIM NUMBER	TO:
DATE OF ACCIDENT	Use this claim number on all correspondence Pertaining to this injury UBI NUMBER
RISK CLASS / NOTIFICATION DATE / ACCOUNT ID	